



Application for Special Event, Benefit, or Promotion

Date of Application: _____ Date of Proposed event: _____

Full Legal Name of Third Party (Organization or Group Name): _____

Third Party Address: _____

City, State, Zip: _____

Website: _____

Name of Proposed Event: _____

Contact person: _____ Title: _____

E-mail: _____ Phone Number: _____

Fax: _____

Description of Event: _____

Location of Event: _____

How will you generate money? _____

Donation Structure (describe basis of donation to be made to the Komen Affiliate [i.e., flat donation, event admission, pledges, guaranteed minimum donation]) _____

Publicity/Promotion: (how are you going to get the word out about your event-flyers, radio, website, TV)

(All proposed materials utilizing Susan G Komen for the Cure® Miami/Ft. Lauderdale Affiliate logo must be pre-approved prior to use)

Applicant understands that approval must be granted by Komen and a Letter of Agreement must be executed by the parties before applicant can promote the proposed event. The Miami/Ft. Affiliate of Susan G Komen for the Cure® shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and applicant agrees to indemnify and hold harmless the Komen Miami/Ft. Lauderdale Affiliate against any such claims by third parties or vendors for said fees, costs, or payments.

Signature _____ Date _____

Please print name: _____

Please submit your application for consideration no later than 4 weeks prior to your event.